

April 14, 2016

Tom Moe
USS Corporation
P.O. Box 417
Mountain Iron, MN 55768

RE: Project: NPDES-TB Wk1
Pace Project No.: 1263650

Dear Tom Moe:

Enclosed are the analytical results for sample(s) received by the laboratory on April 06, 2016. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Melisa M Woods
melisa.woods@pacelabs.com
Project Manager

Enclosures

cc: Terri Sabetti, NTS



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: NPDES-TB Wk1

Pace Project No.: 1263650

Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792

Alaska Certification #MN01084

Arizona Department of Health Certification #AZ0785

Minnesota Dept of Health Certification #: 027-137-445

North Dakota Certification: # R-203

Wisconsin DNR Certification # : 998027470

WA Department of Ecology Lab ID# C1007

Nevada DNR #MN010842015-1

Oklahoma Department of Environmental Quality

Duluth Minnesota Certification ID's

4730 Oneota St., Duluth, MN 55807

Minnesota Dept of Health Certification #: 027-137-152

Wisconsin DNR Certification # : 999446800

North Dakota Certification #: R-105

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: NPDES-TB Wk1

Pace Project No.: 1263650

Lab ID	Sample ID	Matrix	Date Collected	Date Received
1263650001	SD 001 (Seep 020)	Water	04/06/16 11:30	04/06/16 13:50

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SAMPLE ANALYTE COUNT

Project: NPDES-TB Wk1

Pace Project No.: 1263650

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
1263650001	SD 001 (Seep 020)	EPA 1664 TPH	BT1	1	PASI-DUL
		USGS I-3765	BEM	1	PASI-V
		EPA 300.0	CSD	1	PASI-V

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: NPDES-TB Wk1

Pace Project No.: 1263650

Sample: SD 001 (Seep 020)		Lab ID: 1263650001		Collected: 04/06/16 11:30		Received: 04/06/16 13:50		Matrix: Water	
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
1664 SGT-HEM, TPH									
Analytical Method: EPA 1664 TPH									
Total Petroleum Hydrocarbons	ND	mg/L	3.0	0.90	1		04/11/16 15:58		
USGS I-3765 TSS									
Analytical Method: USGS I-3765									
Total Suspended Solids	4.4	mg/L	1.0	1.0	1		04/08/16 11:51		
300.0 IC Anions 28 Days									
Analytical Method: EPA 300.0									
Sulfate	1060	mg/L	20.0	0.89	10		04/08/16 03:43	14808-79-8	

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QUALITY CONTROL DATA

Project: NPDES-TB Wk1

Pace Project No.: 1263650

QC Batch: DUL/5979

Analysis Method: EPA 1664 TPH

QC Batch Method: EPA 1664 TPH

Analysis Description: 1664 SGT-HEM, TPH

Associated Lab Samples: 1263650001

METHOD BLANK: 304848

Matrix: Water

Associated Lab Samples: 1263650001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Total Petroleum Hydrocarbons	mg/L	ND	3.0	0.90	04/11/16 14:02	

LABORATORY CONTROL SAMPLE: 304849

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Petroleum Hydrocarbons	mg/L	20	14.4	72	64-132	

MATRIX SPIKE SAMPLE: 304850

Parameter	Units	1263629001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Total Petroleum Hydrocarbons	mg/L	<0.92	20.4	13.2	64	64-132	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALITY CONTROL DATA

Project: NPDES-TB Wk1

Pace Project No.: 1263650

QC Batch: WET/23339

Analysis Method: USGS I-3765

QC Batch Method: USGS I-3765

Analysis Description: USGS I-3765 Total Suspended Solids

Associated Lab Samples: 1263650001

METHOD BLANK: 304412

Matrix: Water

Associated Lab Samples: 1263650001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Total Suspended Solids	mg/L	ND	1.0	1.0	04/08/16 11:51	

LABORATORY CONTROL SAMPLE: 304413

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Suspended Solids	mg/L	239	222	93	80-120	

SAMPLE DUPLICATE: 304414

Parameter	Units	1263662003 Result	Dup Result	RPD	Max RPD	Qualifiers
Total Suspended Solids	mg/L	158	166	5	10	

SAMPLE DUPLICATE: 304415

Parameter	Units	1263642001 Result	Dup Result	RPD	Max RPD	Qualifiers
Total Suspended Solids	mg/L	184	200	8	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALITY CONTROL DATA

Project: NPDES-TB Wk1

Pace Project No.: 1263650

QC Batch: WETA/16211

Analysis Method: EPA 300.0

QC Batch Method: EPA 300.0

Analysis Description: 300.0 IC Anions

Associated Lab Samples: 1263650001

METHOD BLANK: 303898

Matrix: Water

Associated Lab Samples: 1263650001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Sulfate	mg/L	ND	2.0	0.089	04/07/16 21:08	

LABORATORY CONTROL SAMPLE: 303899

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Sulfate	mg/L	50	49.6	99	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 303900 303901

Parameter	Units	1263656001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sulfate	mg/L	27.3	250	250	291	290	105	105	90-110	0	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 303902 303903

Parameter	Units	1263575002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sulfate	mg/L	21.1	250	250	285	285	106	105	90-110	0	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALIFIERS

Project: NPDES-TB Wk1

Pace Project No.: 1263650

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-DUL Pace Analytical Services - Duluth

PASI-V Pace Analytical Services - Virginia

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: NPDES-TB Wk1

Pace Project No.: 1263650

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
1263650001	SD 001 (Seep 020)	EPA 1664 TPH	DUL/5979		
1263650001	SD 001 (Seep 020)	USGS I-3765	WET/23339		
1263650001	SD 001 (Seep 020)	EPA 300.0	WETA/16211		

REPORT OF LABORATORY ANALYSIS

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Section A

Required Client Information:

Company: **USC Corporation**

Address: P.O. Box 417

Mt. Iron, MN 55768

Email:

Phone:	Fax:
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Requested Due Date:

Section B

Required Project Information:

Report To:	Tom Moore
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Copy To:

Purchase Order #:

Project Name: NPDES-TB WK11

Project #:

Section C

Invoice Information

Attention:

Company Name:

Address:

Pace Quote

Pace Project Manager: heather.zika@pacelabs.com

Pace Profile

CHAIN-OF-CUSTODY / Analytical Req
The Chain-of-Custody is a LEGAL DOCUMENT. All relevant

W/O# : 1263650


PM: MMW

CLIENT: USS CORP

Due Date: 04/20/16

1

[illegible]

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name: VSS

Project #:

WO# : 1263650



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other:

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No

Seals Intact? ☐ Yes ☒ No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other: _____

Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808

Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 3.0 Cooler Temp Corrected °C: 3.3

Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C Correction Factor: 0.3

Date and Initials of Person Examining Contents: cl 4-6-16

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____

Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: KAH for MMW

Date: 4-6-16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

Intra-Regional Chain of Custody

Workorder: 1263650

Workorder Name: NPDES-TB WK1

Owner Received Date: 4/6/2016

Due Date: 4/20/2016

Received at:

Pace Analytical Virginia
315 Chestnut Street
Virginia, MN 55792
Phone (218) 742-1042


Sent To Lab:

Pace Analytical Duluth
4730 Oneota Street
Duluth, MN 55807
Phone (218) 727-6380

Report To:
Melissa M Woods

Item	Sample ID	Sample Type	Collect Date/Time	Lab ID	Matrix	HCL	Preserved Containers	EPA 1664 TPH	Requested Analysis	LAB USE ONLY
1	SD 001 (Seep 020)	PS	4/6/2016 11:30	1263650001	Water	3		X		
2										
3										
4										
5										
Comments										
Transfers		Released By	Date/Time	Received By	Date/Time					
1		<i>[Signature]</i>	4/7/16	<i>[Signature]</i>	4/7/16					
2										
3										
4										
Cooler Temperature on Receipt		°C	Custody Seal	Y or N	Received on Ice	Y or N	Samples Intact Y or N			

***In order to maintain client confidentiality, location/name of the sampling site, sampler's name and signature may not be provided on this COC document.
This chain of custody is considered complete as is since this information is available in the owner laboratory.

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 22Jan2016 Page 1 of 1
	Document No.: F-DUL-C-001-Rev.01	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

Project #:

IR-COC

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client
☐ Commercial ☐ Pace ☒ Other: State

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☒ Yes ☐ No

Seals Intact? ☒ Yes ☐ No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other: _____

Temp Blank? ☒ Yes ☐ No

Thermometer Used: 417114 K IR-1 Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 3.5

Cooler Temp Corrected °C: 4.1

Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C

Correction Factor: +0.6 °C

Date and Initials of Person Examining Contents: 9/7/16 Kp

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: _____

Date: 4-7-16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)